APR 05 7000 W

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AMEN	Docket No. 2658-0311P						
Applicatio 10/665,576-Co		Filing I September		Examiner P. H. Patel		Art Unit 2829	
plicant(s): Jon		al.					
vention: METHO	DD AND APPA	RATUS FOR	resting Lic	OUID CRYSTAL DIS	PLAY		
Amendment mmissioner for I D. Box 1450 exandria, VA 223 ransmitted here	313-1450 with is an ame						
he fee has been	calculated an				···		
			S AS AMENI	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	9	- 20 =		Х	 _		
Independent Claims	3	- 5 =		×			
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Other fee (pleas	e specify):				- · · ·		
TOTAL ADDIT		DD THIS AME	NDMENT:			0.00	
	ONALFELT	JK IIIIS AIIILI	NDINEIN I.	Small Entity		0.00	
x Large Entity		d for this amount		Sinal Littity			
No additiona	ii tee is require ge Deposit Acc			n the amount of \$			
	copy of this she			· -			
A check in th	ne amount of \$		is enclo	sed.			
Payment by	credit card. Fo	orm PTO-2038	is attached.				
	is hereby auth			Deposit Account No	o. <u>02</u> -	-2448	
	ny overpaymer						
x Charge a	any additional fili	ing or applicatio	n processing	fees required under 3	7 CFR 1.1	6 and 1.17.	
2-11	CHI (him		Dated:	April 5	2006	
Esther H. Chon Attorney Reg. N				<i>Dated</i>	7,0111 0,	,	
BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V	e Road irginia 22040-		.P				
(703) 205-8000							

Under the Paperwork Reduction Ac	of 4005 no.	norran ara raquir	nd to respond	U.S. Patent	and Traden	roved for use through nark Office; U.S. DE	h 7/31/2006. ON PARTMENT OF	COMMERCE					
	ad to respond	respond to a collection of information unless it displays a valid OMB control number. Complete if Known											
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				cation Num		10/665,576-Conf. #6443							
FEE TRANSMITTAL				Date		September 22, 2003							
				Named Inve		Jong Dam KIM							
For FY 2005				iner Name		P. H. Patel							
Applicant claims small entity status. See 37 CFR 1.27				nit		2829							
TOTAL AMOUNT OF PAYMENT	Art Ur	ney Docket N	No.	2658-0311P									
METHOD OF PAYMENT (\$) 120.00 Attorney Docket No. 2058-0311P METHOD OF PAYMENT (check all that apply)													
x Check Credit Card Money Order Other (please identify):													
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indica	ated below			Charge	fee(s) in	dicated below, e	xcept for the	filing fee					
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION			-										
1. BASIC FILING, SEARCH, AND	EXAMINA	TION FEES											
, , , , , ,	FILING F		SEARCH	FEES	EXAMI	NATION FEES							
A		all Entity		nall Entity	Eac (6)	Small Entity	Fees Pa	i4 /\$\					
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_			300	150	160	80							
			500	250	600	300							
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2. EXCESS CLAIM FEES							<u>S</u> Fee (\$)	mall Entity Fee (\$)					
Fee Description Each claim over 20 (including Re	eicenec)						50	25					
Each independent claim over 3 (i					200	100							
Multiple dependent claims	nordanig it	0100000)					360	180					
Total Claims Extra Claims	ee Paid (\$	١	м	lultiple Depende									
9 - 20 =		<u> </u>	<u></u>		_		Fee Paid (\$)						
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Indep. Claims Extra Claim	s Fee (\$) F	ee Paid (\$)									
3 -5=	_ x												
3. APPLICATION SIZE FEE													
If the specification and drawing	s exceed 10	00 sheets of pa	per (exclud	ling electro	nically fi	led sequence or	computer						
listings under 37 CFR 1.52(e					or small e	ntity) for each a	dditional 50						
sheets or fraction thereof. Se					4b	. Foo (\$)	Fee Pa	id (\$)					
Total Sheets Extra Sh		Number of ea					<u> 1 66 F 8</u>	141					
- 100 =			(100110	ep w a willi	e number)	^	Fees P	aid (\$)					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00													
SUBMITTED BY													
Signature Salla	PJ (hosp		ation No. y/Agent)	40,953	Telephone	(703) 205-	8000					
Name (Print/Type) Esther H. Cho	na			· · - · · · · · · · · · · · · · · ·		Date	April 5, 2	006					